



# Unified Government Human Resources Guide

Effective 04-01-05

## EXIT INTERVIEW – CONFIDENTIAL

Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_ Date \_\_\_\_\_

Department/Division \_\_\_\_\_ Supervisor \_\_\_\_\_

*Rate the Unified Government on each of the factors with this scale:  
0 – No opinion; 1 – Excellent; 2 – Good; 3 – Average; 4 – Fair; 5 – Poor*

### SUPERVISION:

- \_\_\_\_\_ Faithfulness to established policies and procedures
- \_\_\_\_\_ Gives fair and equal treatment
- \_\_\_\_\_ Recognizes and awards good performance and accomplishment
- \_\_\_\_\_ Develops cooperation
- \_\_\_\_\_ Encourages suggestions and innovation
- \_\_\_\_\_ Resolves problems and complaints
- \_\_\_\_\_ Gives feedback on performance and offers support

### EMPLOYEE DEVELOPMENT:

- \_\_\_\_\_ Relationship within your department
- \_\_\_\_\_ Relationship with other departments
- \_\_\_\_\_ Relationship with supervisor
- \_\_\_\_\_ Training Received
- \_\_\_\_\_ Potential for career growth
- \_\_\_\_\_ Opportunity for advancement

### PAY AND BENEFITS:

- \_\_\_\_\_ Base
- \_\_\_\_\_ Benefits offered

*Please indicate the primary factor affecting your decision to leave the Unified Government with the number "1." If other factors were involved, indicate them in order of importance beginning with the number "2" and so on up to five choices.*

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| _____ Better career opportunity     | _____ Workload too heavy              |
| _____ Better salary                 | _____ Workload too light              |
| _____ Better benefits               | _____ Work not challenging            |
| _____ Career change                 | _____ Overtime requirements           |
| _____ Relocation                    | _____ Lack of training                |
| _____ Return to school              | _____ Lack of recognition             |
| _____ Family responsibilities       | _____ Dissatisfaction with policies   |
| _____ Health reasons                | _____ Dissatisfaction with supervisor |
| _____ Child or other dependant care | _____ Dissatisfaction with co-workers |
| _____ Transportation problems       | _____ Other _____                     |
| _____ Self-employment               | _____                                 |

Employee signature \_\_\_\_\_ Date \_\_\_\_\_